



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Vizance, Inc. 2501 E. Enterprise Ave Ste 301 Appleton WI 54913	<b>CONTACT NAME:</b> Mary Meyer <b>PHONE (A/C, No, Ext):</b> 920-733-4944 <b>FAX (A/C, No):</b> 262-367-8529 <b>E-MAIL ADDRESS:</b> certificates@vizance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Falcon Drilling & Blasting, Inc. PO Box 2403 Oshkosh WI 54903	<b>INSURER A:</b> United States Fire Insurance Company <b>NAIC #</b> 21113	
	<b>INSURER B:</b> The North River Insurance Company <b>21105</b>	
	<b>INSURER C:</b> American Interstate Insurance Company <b>31895</b>	
	<b>INSURER D:</b> Hanover Insurance Group <b>22292</b>	
	<b>INSURER E:</b> Westchester Surplus Lines Insurance Company <b>10172</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2007424015      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		5069096325	6/4/2025	6/4/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5069096325	6/4/2025	6/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			5821235145	6/4/2025	6/4/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AVWCW3374762025	6/4/2025	6/4/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E B	Leased/Rented Equipment Pollution Liability Umbrella Liability			IHDH61384202 G7429134A 004 5821299063	6/4/2025 8/30/2025 6/4/2025	6/4/2026 8/30/2026 6/4/2026	Limit Deductible: \$2,500 Limit \$900,000 Limit \$5,000,000 Limit 15,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Professional Liability - HDI Global Insurance Company - Policy #: FRSHPL0001521101 Effective Date: 1/12/2026 Expiration Date: 1/12/2027 Limit: \$3,000,000  
 Excess Liability - Arch Specialty Ins. - Policy#: VXP107080800 Effective Date: 1/12/26 Expiration Date: 6/4/26 Limit: \$7,500,000 No retention  
 Excess Liability - Axis Surplus Ins. - Policy#: P00100187121801 Effective Date: 1/12/26 Expiration Date: 6/4/26 Limit: \$7,500,000 No retention  
 RE: Kwik Star Convenience Store - 9th Street SE Dyersville, IA 52040 - 4/13/2026-5/29/2026  
 Tschiggfrie Excavating and the City of Dyersville are named as additional insured under the General Liability when required by written contract, and signed by all applicable parties prior to loss subject to actual policy forms, terms, and conditions. All above referenced coverages are subject to actual policy forms, terms, and conditions.

<b>CERTIFICATE HOLDER</b>  Tschiggfrie Excavating 425 Julien Dubuque Dr Dubuque IA 52003	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 